

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING ADOPTION OF NEW CONSTITUTION

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

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What Accounting package do you use: CAS Prime Solution 6 Other: _____

Company Name: _____
A.C.N.: _____
Date required for new constitution: _____
Registered Office: _____
(PO Box not acceptable) _____

CD containing PDF version of Constitution: Yes No
Binding of Constitutions: Comb Binding Heat Seal

OFFICEHOLDER / SHAREHOLDER DETAILS:
(Complete if consenting minutes are required.)
(If a company is a shareholder, please provide the name of one director to act as a representative at shareholder meetings.)

1. Surname: Mr Mrs Ms Miss _____
Given Names: _____
 Director Secretary Shareholder
2. Surname Company Name Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Director Secretary Shareholder
3. Surname Company Name Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Director Secretary Shareholder
4. Surname Company Name Mr Mrs Ms Miss _____
 Given Names A.C.N. _____
 Director Secretary Shareholder

PAYMENT DETAILS:

Credit Card:

Visa

Mastercard

Bankcard

AMEX

Diners

Card Number:

Card Holder: _____

Expiry Date /

Card Holders Signature _____

Direct Debit:

BSB: 063 303

Account No: 1004 9522

Please quote Invoice No. or company name as reference.